

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of WILLIE C. BROTHERS and DEPARTMENT OF AGRICULTURE, FOOD
SAFETY INSPECTION SERVICE, MEAT & POULTRY INSPECTION, Collinsville, AL

*Docket No. 99-1876; Submitted on the Record;
Issued April 19, 2001*

DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,
BRADLEY T. KNOTT

The issue is whether appellant's cataract condition of his eyes is causally related to his November 13, 1981 employment injury, thereby entitling him to medical benefits.

On November 13, 1981 appellant, then a 35-year-old food inspector, slipped on a wet floor and fell, hitting his head on the floor. He did not return to work thereafter. The Office of Workers' Compensation Programs accepted appellant's claim for contusions to the head, hysterical neurosis of the conversion type and dementia. Appellant received continuation of pay from November 14 through December 28, 1981. The Office began payment of temporary total disability compensation effective December 28, 1981.

In an August 15, 1995 letter, appellant requested surgery on his eyes for removal of cataracts. He related his condition to his November 13, 1981 employment injury. In an April 9, 1997 decision, the Office denied appellant's request on the grounds that the evidence of record failed to demonstrate a causal relationship between the employment injury and his condition. In a May 5, 1997 letter, appellant requested a hearing before an Office hearing representative. In a September 11, 1997 decision, an Office hearing representative, without a hearing, set aside the Office's April 9, 1997 decision on the grounds that the report of a physician acting as an impartial medical specialist required clarification. He, therefore, remanded the case to receive such clarification. In a January 9, 1998 decision, the Office again denied appellant's claim on the grounds that the medical evidence of record did not establish that his cataract condition was causally related to his November 13, 1981 employment injury. In a February 2, 1998 letter, appellant again requested a hearing before an Office hearing representative, which was conducted on December 1, 1998. In a February 3, 1998 decision, a second Office hearing representative affirmed the Office's January 9, 1998 decision.

The Board finds that the medical evidence does not establish that appellant's cataract condition is causally related to his November 13, 1981 employment injury and he, therefore, is not entitled to medical benefits.

Section 8103 of the Federal Employees' Compensation Act provides, in part:

“The United States shall furnish to an employee who is injured while in the performance of duty, the services, appliances and supplies prescribed or recommended by a qualified physician which the Secretary of Labor considers likely to cure, give relief, reduce the degree or the period of disability, or aid in the lessening the amount of the monthly compensation.”¹

The Office's obligation to pay for medical treatment under section 8103 extends only to treatment of work-related conditions. A claimant has the burden of establishing that the required treatment is for the effects of a work-related condition. The claimant must establish causal relationship through rationalized medical evidence.²

After appellant requested medical benefits he submitted a deposition taken from Dr. Lamar Campbell, a Board-certified ophthalmologist, on January 21, 1983. In the deposition, he stated that an examination showed a posterior subcapsular cataract in the right eye and capsular vacuoles, another form of cataracts, in both eyes, more prevalent in the right eye. Dr. Campbell also found a posterior vitreous detachment on the right. He commented that the posterior vitreous detachment could have been caused by the fall on November 13, 1981. Dr. Campbell testified that it was possible that the cataracts were related to the employment injury. He indicated that there were other causes of cataracts, including heredity, metabolic diseases such as diabetes, direct trauma, toxins such as kerosene-related fluids, drug-induced and inflammatory eye diseases. Dr. Campbell noted that he had not examined appellant at the time of the injury. He stated that, if he had seen appellant at that time, he could provide a definite opinion on whether appellant's cataracts were related to the employment injury. Dr. Campbell indicated that at the current time that the cataracts might have no connection to the employment injury but could have been caused by the injury.

The Office referred appellant to Dr. Michael McEwen, a Board-certified ophthalmologist, for an examination and second opinion on the cause of his cataracts. In a November 28, 1995 report, he stated that appellant's right eye had a nuclear cataract with some anterior and posterior critical changes compatible with the diminished vision with earlier similar changes in his left eye. Dr. McEwen pointed out that there was no evidence of ocular trauma that could be associated with cataract production, such as angle damage or iris or zonular trauma. He stated that the corneas were bilaterally clear and, on dilated fundus examination, there was no evidence of peripheral retinal trauma that could be associated with ocular damage. Dr. McEwen diagnosed cataracts of the right eye and, to a lesser extent, the left eye, not associated with trauma. Dr. McEwen stated that trauma sufficient to produce a cataract had to be directed to the ocular and periocular tissues and there was no historical evidence suggesting such trauma.

The Office referred appellant, together with a statement of accepted facts and the case record, to Dr. Bryan Grissett, a Board-certified ophthalmologist, to resolve the conflict in the

¹ 5 U.S.C. § 8103(a).

² *Debra S. King*, 44 ECAB 203 (1992).

medical evidence. In a July 24, 1996 report, Dr. Grissett indicated that appellant had a dense central posterior subcapsular cataract in the right eye. He stated that appellant's cataract "could well be related to the previous episode of trauma."

The Office requested clarification of Dr. Grissett's report but was informed that he had said all he intended to say. The Office, therefore, referred appellant, together with a statement of accepted facts and the case record, to Dr. Robert Moorman, Jr., a Board-certified ophthalmologist, to resolve the conflict in the medical evidence. In a March 13, 1997 report, Dr. Moorman stated:

"Examination reveals a dense nuclear sclerosis in the right eye with a prominent posterior subcapsular opacity. Based on my examination, I cannot state that the cataract is directly related to the 1981 work injury. A traumatic cataract can occur with direct trauma to the eye, especially if penetrating. I have no evidence in the medical records to indicate that [appellant] had any direct trauma to his eye. I cannot state with certainty that the cataract is not traumatic in nature, but I have no evidence to support trauma as being the cause of this cataract."

After the remand by the first Office hearing representative, the Office requested a clarification from Dr. Moorman. In a November 25, 1997 report, he stated:

"In most cases, cataract formation occurs for some reason other than trauma. In cases of direct penetrating trauma to the eye, it can often definitely be determined that the trauma is the direct result of cataract formation. [sic]. Since [appellant's] initial eye examination occurred several months after his injury in 1981, it was impossible for the ophthalmologist at that time to state whether the cataract was definitely secondary to the trauma."

Dr. Moorman's reports indicated that appellant's cataract of the right eye would be related to the employment injury only if there was a direct, penetrating trauma to the eye. The evidence surrounding appellant's injury does not show a history of a direct penetrating trauma to the eye but a fall in which appellant hit the back of his head against the floor. In situations when there exists opposing medical reports of virtually equal weight and rationale and the case is referred to an impartial specialist for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.³ Dr. Moorman based his opinion on an accurate history and presented medical rationale in support of his opinion. His report is entitled to special weight and, in the circumstances of this case, constitutes the weight of the medical evidence. Dr. Moorman's report shows that appellant has not established that his cataract is causally related to his November 13, 1981 employment injury. The Office, therefore, properly refused to provide medical benefits for appellant's cataract condition as he has not established that the condition was causally related to the employment injury.

³ *James P. Roberts*, 31 ECAB 1010 (1980).

The decision of the Office of Workers' Compensation Programs, dated February 3, 1999, is hereby affirmed.

Dated, Washington, DC
April 19, 2001

David S. Gerson
Member

Willie T.C. Thomas
Member

Bradley T. Knott
Alternate Member